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CONFIRMATION NO. 3302

<b>SERIAL NUMBER</b> 09/930,582	<b>FILING OR 371(c) DATE</b> 08/15/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 00-41 C1 RCE 2
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/781,610 02/12/2001 *mm*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM GB0003197.1 02/11/2000 *mm*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/29/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>mm</i> Initials <i>mm</i>	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
30031

**TITLE**  
Controlling drug delivery apparatus

<b>FILING FEE RECEIVED</b> 1635	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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